


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K53055</b>	
1. Entity Name DENTAL PROSTHETICS OF PLANTATION INC.	

Principal Place of Business 8424 NW 57TH ST TAMARAC, FL 33351 US	Mailing Address 8424 NW 57TH ST TAMARAC, FL 33351 US
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**DO NOT WRITE IN THIS SPACE**



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0099894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ANTHONY, ALBERT A. JR.  
8241 NW 5Z ST  
LAUDERDALE, FL 33351

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANTHONY, ALBERT A. JR. 8241 NW 5Z ST LAUDERHILL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANTHONY, BERNADETTE M. 8241 NW 5Z ST LAUDERHILL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000169057  
08/02/04-80008-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

 **ALBERT ANTHONY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/2004

954-721-4156

Date

Daytime Phone #